

IAP20 Res'd PCT/PTO 09 JAN 2006

## Application Data Sheet

### Application Information

Application number::  
Filing Date::  
Application Type:: *Regular*  
Subject Matter:: *Utility*  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: *None*  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: *None*  
Computer Readable Form  
(CRF)?:: *No*  
Number of copies of CRF::  
Title :: *OCCLUSION GUIDANCE APPLIANCE*  
Attorney Docket Number:: *7831.1024*  
Request for Early Publication?:: *No*  
Request for Non-Publication?:: *No*  
Suggested Drawing Figure::  
Total Drawing Sheets:: *3*  
Small Entity?:: *No*  
Latin name::  
Variety denomination name::  
Petition included?:: *No*  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: *No*

## Applicant Information

**Applicant Authority Type::** *Inventor*  
**Primary Citizenship** *Finland*  
**Country::**  
**Status::** *Full Capacity*

**Given Name::** *Katri*  
**Middle Name::**  
**Family Name::** *Keski-Nisula*  
**Name Suffix::**

**City of Residence::** *Vaasa*  
**State or Province of**  
**Residence::**  
**Country of Residence::** *Finland*  
**Street of mailing address::** *Rantakatu 11 A 14*  
**City of mailing address::** *Vaasa*

**State or Province of**  
**mailing address::**  
**Country of mailing** *Finland*  
**address::**  
**Postal or Zip Code of** *FI-65100*  
**mailing address::**

**NOTE:** Repeat this information for each inventor or other applicant. Non-Inventor applicant information such as legal representative of a deceased inventor should follow the inventor(s) for whom the applicant is acting.

# Applicant Information

**Applicant Authority Type::** *Inventor*

**Primary Citizenship** *Finland*

**Country::**

**Status::** *Full Capacity*

**Given Name::** *Juha*

**Middle Name::**

**Family Name::** *Varrela*

**Name Suffix::**

**City of Residence::** *Turku*

**State or Province of**

**Residence::**

**Country of Residence::** *Finland*

**Street of mailing address::** *Piispankatu 1*

**City of mailing address::** *Turku*

**State or Province of**

**mailing address::**

**Country of mailing** *Finland*

**address::**

**Postal or Zip Code of** *FI-20500*

**mailing address::**

## Correspondence Information

Correspondence Customer Number :: 21831

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: (212) 768-3800

Fax Number: (212) 382-2124

E-Mail address:: *pto@steinberggraskin.com*

**Representative Information**

<b>Representative Customer Number::</b>	21831	
---	-------	--

## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<i>This application</i>	<i>National Stage of</i>	<i>PCT/FI04/00433</i>	<i>07/07/04</i>

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
<i>Finland</i>	<i>031037</i>	<i>07/07/03</i>	<i>Yes</i>

## Assignee Information

Assignee name:: *LM-Instruments Oy*  
Street of mailing address:: *PL 88*  
City of mailing address:: *Parainen*  
State or Province of mailing address::  
Country of mailing address:: *Finland*  
Postal or Zip Code of mailing address:: *FI-21601*